

SCOTT COUNTY HOSPITAL

FINANCIAL STATEMENTS

and

ADDITIONAL INFORMATION

with

INDEPENDENT AUDITOR'S REPORT

YEARS ENDED JUNE 30, 2019 AND 2018

GBN, P.A.

Certified Public Accountants

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Scott County Hospital
Scott City, Kansas

Report on the Financial Statements

We have audited the accompanying balance sheets of Scott County Hospital (the Hospital), a component unit of Scott County, Kansas as of June 30, 2019 and 2018, and the related statements of revenues, expenses, and changes in net position and statements of cash flows for the years then ended, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the provisions of the Kansas Municipal Audit and Accounting Guide. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Scott County Hospital as of June 30, 2019 and 2018, and the changes in financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Additional Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis on pages 3 through 6 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial

statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Our audits were made for the purpose of forming opinions on the basic financial statements taken as a whole. The additional information, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. Such information has been subjected to the auditing procedures applied in the audits of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the additional information is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

JBW, P.A.

Wichita, Kansas
January 25, 2020

SCOTT COUNTY HOSPITAL

MANAGEMENT'S DISCUSSION AND ANALYSIS

The Scott County Hospital's (Hospital) management discussion and analysis presents an overview of the Hospital's financial activities for the fiscal years ended June 30, 2019 and 2018. Please read it in conjunction with the Hospital's financial statements, which begin on page 7.

Financial Highlights

- Current assets decreased by \$1,501,149 or 15.90% in 2019 and increased by \$282,231 or 3% in 2018. The decrease in 2019 was due primarily to expenditures of approximately \$3.8 million for expansion of the clinic facilities and paid for by internal funds.
- The Hospital's net patient service revenue increased by \$958,021 or 5% in 2019 and increased by \$1,212,487 or 7% in 2018.
- Contractual allowances, bad debts and charity care reduced gross patient service revenue by \$9,134,760 or 32% of gross patient service revenue in 2019 and by \$8,165,835 or 30% of gross patient service revenue in 2018.
- The excess of operating expenses (which includes depreciation expense of \$1,647,528 and \$1,727,314) over operating revenue was \$297,883 and \$1,516,246 in 2019 and 2018, respectively. After including the net nonoperating revenues (taxes, interest earnings, etc.) of \$283,535 and \$306,269, the total decrease in net position was \$14,348 and \$1,209,977 for 2019 and 2018, respectively.

Financial Statements

The Hospital's financial statements are prepared using proprietary fund accounting that focuses on the determination of net position, changes in net position, and cash flows in a manner similar to private-sector businesses. The basic financial statements include a *balance sheet*, *statement of revenue, expenses and changes in net position*, and *statement of cash flows*, followed by notes to the financial statements and schedules of certain additional information. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

The *balance sheet* presents information on the Hospital's assets and liabilities, with the difference between the two reported as net position. Over time, increases or decreases in net position may indicate whether the financial position of the Hospital is improving or deteriorating.

The *statement of revenues, expenses and changes in net position* presents both the operating revenues and expenses and nonoperating revenues and expenses along with other changes in net position for the year. This statement is an indication of the success of the Hospital's operations over the past year.

The *statement of cash flows* presents the change in cash and cash equivalents for the year resulting from operating activities, noncapital financing activities, capital and related financing activities and investing activities. The primary purpose of this statement is to provide information about the Hospital's cash receipts and cash payments during the year.

Net Position

The Hospital's net position is the difference between its assets and deferred outflows of resources and its liabilities and deferred inflows of resources reported in the Balance Sheets on pages 7 and 8.

	June 30,		
	2019	2018	2017
Assets:			
Current assets	\$ 7,942,442	\$ 9,443,591	\$ 9,161,360
Capital assets, net	18,811,098	16,544,055	17,765,971
Other noncurrent assets	—	—	—
Total assets	<u>\$ 26,753,540</u>	<u>\$ 25,987,646</u>	<u>\$ 26,927,331</u>
Liabilities:			
Long-term liabilities	\$ —	\$ —	\$ —
Other liabilities	3,234,740	2,454,498	2,184,206
Total liabilities	<u>\$ 3,234,740</u>	<u>\$ 2,454,498</u>	<u>\$ 2,184,206</u>
Net position:			
Net investment in capital assets	\$ 18,811,098	\$ 16,544,055	\$ 17,765,971
Restricted	25,053	20,017	20,232
Unrestricted	4,682,649	6,969,076	6,956,922
Total net position	<u>\$ 23,518,800</u>	<u>\$ 23,533,148</u>	<u>\$ 24,743,125</u>

Recent Financial Performance

The schedule below is a summary of the Hospital's revenues, expenses and changes in net position for the past three years.

	Year ended June 30,		
	2019	2018	2017
Operating revenue	\$ 21,006,247	\$ 19,844,820	\$ 18,582,103
Operating expenses:			
Salaries	11,528,431	11,353,953	10,915,098
Employee benefits	3,230,636	3,147,935	2,733,061
Supplies and other	4,897,535	5,131,864	5,248,666
Depreciation and amortization	1,647,528	1,727,314	1,977,135
Total operating expenses	<u>21,304,130</u>	<u>21,361,066</u>	<u>20,873,960</u>
Operating loss	<u>(297,883)</u>	<u>(1,516,246)</u>	<u>(2,291,857)</u>
Nonoperating revenues:			
Taxes	162,746	192,402	186,000
Investment income	55,096	43,912	27,204
Grants and contributions – Noncapital	65,693	69,955	68,435
Total nonoperating revenues	<u>283,535</u>	<u>306,269</u>	<u>281,639</u>
Decrease in net position	<u>\$ (14,348)</u>	<u>\$ (1,209,977)</u>	<u>\$ (2,010,218)</u>
Net position at end of year	<u>\$ 23,518,800</u>	<u>\$ 23,533,148</u>	<u>\$ 24,743,125</u>

Operating Loss

The first component of the overall change in the Hospital's net position is its operating income (loss)—generally, the difference between net patient service revenue and the expenses incurred to perform those services. The Hospital reported an operating loss of \$297,883 and \$1,516,246 in 2019 and 2018, respectively.

The primary components of the operating loss in 2019 are:

- An increase in net patient service revenue of \$958,021 or 5%. The increase is primarily related to increases in service levels for various departments.
- Other operating revenue increased approximately \$205,000 in 2019 primarily due to increasing utilization of services under the 340B Drug Discount Program by approximately \$184,000.
- Supplies and other expenses decreased by approximately \$234,000 and depreciation expense decreased by approximately \$170,000. The decrease in depreciation expense is largely due to significant computer hardware and software becoming fully depreciated in 2019.

The primary components of the operating loss in 2018 are:

- An increase in net patient service revenue of \$1,212,487 or 7%. The increase is primarily related to increases in service levels for most departments. Acute and swing bed patient days increased by approximately 4%. Hospital clinic visits increased by approximately 6%.
- Other operating revenue increased approximately \$50,000 in 2018 primarily due to increasing utilization of services under the 340B Drug Discount Program by approximately \$125,000 and for a decrease in revenue for outsourcing of services to other facilities of approximately \$75,000.
- Supplies and other expenses decreased by approximately \$117,000 and depreciation expense decrease by approximately \$250,000. The decrease in depreciation expense is largely due to significant computer hardware and software becoming fully depreciated in 2018.

The rate of healthcare inflation has a direct effect on the cost of services provided by the Hospital. A component of the Hospital's costs are expenses for medical supplies and prescription drugs. Some of the major factors contributing to the increased medical supply and drug costs include the introduction of new drugs that cannot be obtained in generic form, and changes in therapeutic mix.

Nonoperating Revenues and Expenses

The primary components of nonoperating revenues and expenses are tax revenues, investment income, and grants and contributions.

The Hospital's Cash Flows

The internal funding of the clinic expansion project resulted in a significant decrease in cash balances in 2019.

Capital Assets

The Hospital had \$18,811,098 and \$16,544,055 invested in capital assets, net of accumulated depreciation at June 30, 2019 and 2018, respectively, as detailed in Note 7 to the financial statements. The Hospital had expenditures for capital assets of \$3,914,571 and \$505,398 in 2019 and 2018, respectively. Approximately \$3,580,000 and \$259,000 of expenditures in 2019 and 2018, respectively, related to the clinic expansion project.

Other Economic Factors

Management expects the current economic conditions to continue over the next year.

Issues Facing the Hospital

There are issues facing the Hospital that could result in material changes in its financial position in the long term. Among these issues are:

- Risks related to Medicare and Medicaid reimbursement. A significant portion of the Hospital's revenues are derived from the Medicare program, which provides certain healthcare benefits to beneficiaries who are over 65 years of age or disabled, and the Medicaid program, funded jointly by the federal government and the states, which provides medical assistance to certain needy individuals and families. The funding of these programs by the federal and state governments face increasing pressure due to the significant increases in the costs of providing healthcare services in recent years.
- Employment and labor issues. The Hospital is a major employer within the community, employing a complex mix of professional, technical, clerical, maintenance, dietary, and other workers. Risks include personal tort actions, work-related injuries and exposure to hazardous materials. A relative shortage of nursing and other medical professional/technical employees within the state, is an issue that is causing salary and benefits costs to increase at significant rates.
- Technology and services. Scientific and technological advances, new procedures, drugs and appliances, preventive medicine, and outpatient healthcare delivery may reduce utilization and revenues for the Hospital in the future. Technological advances continue to accelerate the need to acquire sophisticated and expensive equipment and services for diagnosis and treatment of illnesses and diseases.
- Increasing numbers of uninsured and underinsured patients. Due to the significant increases and high cost of healthcare insurance premiums in recent years, increasing numbers of patients of the Hospital are finding it more and more difficult to obtain or maintain adequate health insurance coverage. This trend could increase the levels of uncompensated care provided by the Hospital.

Contacting The Hospital's Financial Management

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the Hospital's finances and to show the Hospital's accountability for the money it receives. If you have questions about this report or need additional financial information, contact the Hospital Administration Department, at Scott County Hospital, Inc., 301 Albert Avenue, Scott City, Kansas 67871.

SCOTT COUNTY HOSPITAL

BALANCE SHEETS

ASSETS

	June 30,	
	2019	2018
Current assets:		
Cash (Notes 1 and 3)	\$ 3,879,633	\$ 5,642,389
Assets limited as to use (Note 3)	25,053	20,017
Accounts receivable, net of allowance for doubtful accounts of \$882,031 in 2019 and \$1,114,545 in 2018 (Notes 1 and 4)	3,393,185	3,211,802
Employee receivables	3,542	3,542
Inventories (Note 1)	435,340	425,251
Prepaid expenses and other	205,689	140,590
Total current assets	7,942,442	9,443,591
Property and equipment, at cost (Notes 1 and 7):		
Land	195,000	195,000
Land improvements	336,475	336,475
Buildings	11,313,570	11,313,570
Fixed equipment	11,410,424	11,410,424
Movable equipment	7,757,856	7,422,601
Construction in progress	3,838,312	258,996
Total property and equipment	34,851,637	30,937,066
Less accumulated depreciation	16,040,539	14,393,011
Property and equipment, net of accumulated depreciation	18,811,098	16,544,055
Total assets	\$ 26,753,540	\$ 25,987,646

The accompanying notes are an integral part of the financial statements.

LIABILITIES AND NET POSITION

	June 30,	
	<u>2019</u>	<u>2018</u>
Current liabilities:		
Accounts payable	\$ 968,110	\$ 825,489
Salaries and payroll taxes payable	1,165,938	1,146,552
Estimated third-party payor settlements (Note 2)	601,566	26,123
Compensated absences payable (Note 1)	<u>499,126</u>	<u>456,334</u>
Total current liabilities	<u>3,234,740</u>	<u>2,454,498</u>
 Total long-term liabilities	 <u>—</u>	 <u>—</u>
Total liabilities	<u>3,234,740</u>	<u>2,454,498</u>
 Net position (Notes 1 and 3):		
Net investment in capital assets	18,811,098	16,544,055
Restricted for specific operating activities	25,053	20,017
Unrestricted	<u>4,682,649</u>	<u>6,969,076</u>
Total net position	<u>23,518,800</u>	<u>23,533,148</u>
Total liabilities and net position	<u>\$ 26,753,540</u>	<u>\$ 25,987,646</u>

SCOTT COUNTY HOSPITAL

STATEMENTS OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION

	Year ended June 30,	
	2019	2018
Operating revenues:		
Net patient service revenue (Note 1)	\$ 19,827,220	\$ 18,869,199
Outside services	3,041	4,999
Other	<u>1,175,986</u>	<u>970,622</u>
Total operating revenue	<u>21,006,247</u>	<u>19,844,820</u>
Operating expenses:		
Salaries	11,528,431	11,353,953
Employee benefits	3,230,636	3,147,935
Supplies and other	4,897,535	5,131,864
Depreciation and amortization (Note 1)	<u>1,647,528</u>	<u>1,727,314</u>
Total operating expenses	<u>21,304,130</u>	<u>21,361,066</u>
Operating loss	<u>(297,883)</u>	<u>(1,516,246)</u>
Nonoperating revenues:		
Tax revenues	162,746	192,402
Investment income	55,096	43,912
Noncapital grants and contributions	<u>65,693</u>	<u>69,955</u>
Total nonoperating revenues	<u>283,535</u>	<u>306,289</u>
Decrease in net position	(14,348)	(1,209,977)
Net position at beginning of year	<u>23,533,148</u>	<u>24,743,125</u>
Net position at end of year	<u>\$ 23,518,800</u>	<u>\$ 23,533,148</u>

The accompanying notes are an integral
part of the financial statements.

SCOTT COUNTY HOSPITAL
STATEMENTS OF CASH FLOWS

	Year ended June 30,	
	2019	2018
Cash flows from operating activities:		
Receipts from and on behalf of patients	\$ 20,221,280	\$ 18,996,419
Payments to suppliers and contractors	(5,086,174)	(4,931,527)
Payments for salaries and employee benefits	(14,696,889)	(14,391,767)
Other receipts and payments, net	<u>1,179,027</u>	<u>975,621</u>
Net cash flows from operating activities	<u>1,617,244</u>	<u>648,746</u>
Cash flows from noncapital financing activities:		
Property taxes for operations	162,746	192,402
Grants and contributions	<u>65,693</u>	<u>69,955</u>
Net cash flows from noncapital financing activities	<u>228,439</u>	<u>262,357</u>
Net cash flows from capital and related financing activities –		
Purchases of property and equipment	<u>(3,658,499)</u>	<u>(505,398)</u>
Cash flows from investing activities:		
Net change in employee receivables	–	3,247
Investment income	<u>55,096</u>	<u>43,912</u>
Net cash flows from investing activities	<u>55,096</u>	<u>47,159</u>
Increase (decrease) in cash and cash equivalents	(1,757,720)	452,864
Cash and cash equivalents at beginning of year	<u>5,662,406</u>	<u>5,209,542</u>
Cash and cash equivalents at end of year	<u>\$ 3,904,686</u>	<u>\$ 5,662,406</u>
Reconciliation of cash and cash equivalents to balance sheets:		
Cash and cash equivalents in current assets	\$ 3,879,633	\$ 5,642,389
Cash and cash equivalents in assets limited as to use	<u>25,053</u>	<u>20,017</u>
Total cash and cash equivalents	<u>\$ 3,904,686</u>	<u>\$ 5,662,406</u>

The accompanying notes are an integral
part of the financial statements.

SCOTT COUNTY HOSPITAL

STATEMENTS OF CASH FLOWS - continued

	Year ended June 30,	
	2019	2018
Reconciliation of operating loss to net cash used by operating activities:		
Operating loss	\$ (297,883)	\$ (1,516,246)
Adjustments to reconcile operating loss to net cash flows from operating activities:		
Depreciation and amortization	1,647,528	1,727,314
Bad debt expense	1,012,551	892,923
Net (increases) decreases in current assets:		
Accounts receivable	(1,193,934)	(1,143,311)
Inventories	(10,089)	66,397
Estimated third-party payor settlements	—	351,485
Other	(65,099)	(108)
Net increases (decreases) in current liabilities:		
Accounts payable	(113,451)	134,048
Salaries and payroll taxes payable	19,386	88,021
Estimated third-party payor settlements	575,443	26,123
Compensated absences payable	42,792	22,100
Net cash flows from operating activities	<u>\$ 1,617,244</u>	<u>\$ 648,746</u>

SCOTT COUNTY HOSPITAL
NOTES TO FINANCIAL STATEMENTS

June 30, 2019 and 2018

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies is presented to assist in understanding the Hospital's financial statements. The financial statements and notes are representations of the Hospital's management, which is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

Organization and business activity

The Hospital provides acute care, swing-bed, rural health clinic, and outpatient services. The Board of County Commissioners appoints the members of the Board of Trustees and a financial benefit or burden exists with Scott County. For these reasons, the Hospital is considered to be a component unit of Scott County, Kansas.

Enterprise fund accounting

The Hospital uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

The Hospital prepares its financial statements as a business-type activity in conformity with applicable pronouncements of the Governmental Accounting Standards Board (GASB). Pursuant to GASB Statement No. 20, *Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting*, as amended, the Hospital has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict with or contradict GASB pronouncements.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Operating revenues and expenses

The Hospital's statement of revenues, expenses, and changes in net assets distinguishes between operating and non-operating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services – the Hospital's principal activity. Non-exchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisitions, are reported as non-operating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash and cash equivalents

For purposes of the statement of cash flows, the Hospital considers all highly liquid debt instruments with an original maturity of three months or less to be cash and cash equivalents.

Patient accounts receivable

The Hospital reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Hospital provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information, payer mix trends, and existing economic conditions. As a service to patients, the Hospital bills third-party payers directly and bills the patient when the patient's liability is determined. Patient accounts receivable are generally due in full when billed. If the patient is unable to pay the full amount at the time the patient is billed, the Hospital negotiates a payment plan whereby monthly payments are made by the patient on the account. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account. If future actual default rates on accounts receivable differ from those currently anticipated, the Hospital may have to adjust its allowance for doubtful accounts, which would affect earnings in the period the adjustments are made.

Inventories

Inventories are stated at cost as determined by the first-in, first-out method.

Capital assets

The Hospital's capital assets that are \$5,000 or greater, are recorded at cost at the date of acquisition, or acquisition value at the date of donation if acquired by gift. All capital assets other than land are depreciated or amortized (in the case of capital leases) using the straight-line method of depreciation using the following estimated useful lives:

	<u>Estimated useful lives</u>
Land improvements	10 - 28 years
Buildings	15 - 50 years
Fixed equipment.....	10 - 30 years
Movable equipment	5 - 21 years

The costs of maintenance and repairs are charged to operating expenses as incurred. The costs of significant additions, renewals and betterments to depreciable properties are capitalized and depreciated over the remaining or extended estimated useful lives of the item or the properties. When depreciable property is retired or otherwise disposed of, the related costs and accumulated depreciation are removed from the accounts and any gain or loss is reflected as non-operating revenue (expense).

Net patient service revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, per diem payments, and discounted charges. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Charity care

The Hospital provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy based on current poverty level guidelines. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue. The Hospital provided \$10,078 and \$40,380 of charity care for the years ended June 30, 2019 and 2018, respectively, estimated by multiplying the Hospital's cost to charge ratio by the gross uncompensated care charges associated with providing care to charity patients.

Compensated absences

Employees of the Hospital are entitled to paid time off depending on length of service and whether they are full or part time. Upon resignation, termination or retirement from service with the Hospital, employees are entitled to payment for all accrued paid time off, up to the allowable maximum. The Hospital accrues the paid time off benefits as earned.

Grants and contributions

From time to time, the Hospital receives grants and contributions from government agencies, private organizations, and individuals. Revenues from grants and contributions are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as non-operating revenue. Amounts restricted to capital acquisitions are reported after non-operating revenues and expenses. When the Hospital has both restricted and unrestricted resources available to finance a particular program, it is the Hospital's policy to use restricted resources before unrestricted resources.

Net position

Net position of the Hospital is classified into three components. *Net investment in capital assets* consists of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted for specific operating activities* are non-capital net assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Hospital. *Unrestricted net position* is the remaining net position that does not meet the definition of *net investment in capital assets*.

Deferred inflows of resources/Deferred outflows of resources

A deferred inflow of resources is defined as an acquisition of net position applicable to a future reporting period. A deferred outflow of resources is the consumption of net position that is applicable to a future reporting period. There were no items that met the definition of a deferred outflow or a deferred inflow of resources.

Risk management

The Hospital is exposed to various risks of loss related to torts; theft of, damage to and destruction of assets; errors and omissions; injuries to employees; natural disasters; and employee health benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial insurance coverage in any of the three preceding years.

1. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

The Hospital pays fixed premiums for annual medical malpractice coverage under an occurrence-basis policy. The Hospital accrues the expenses of its share of malpractice claim costs, if any, of reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate cost of any incident. Based on the Hospital's own claims experience, no accrual, for medical malpractice costs has been made in the accompanying financial statements.

The Hospital has implemented a partially self-funded insurance plan (Note 5) to administer its employee health insurance benefits. Liabilities under this plan are estimated based on settled claims, frequency of claims and other economic factors. Claims incurred, but not reported, are recorded as a portion of the estimated liability.

Reclassifications

Certain reclassifications have been made to the 2018 financial statements to conform to the 2019 presentation. The reclassifications had no effect on the change in net position.

Subsequent events

Subsequent events have been evaluated through January 25, 2020, which is the date the financial statements were available to be issued.

2. **ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS**

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. These payment arrangements include:

- **Medicare** – Inpatient and outpatient services are paid based on cost reimbursement methodologies. The Hospital is reimbursed for cost reimbursable items at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and reviews thereof by the Medicare fiscal intermediary. The Hospital's classification of patients under the Medicare program and appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Hospital. The Hospital's Medicare cost reports have been reviewed by the Medicare fiscal intermediary through June 30, 2017.
- **Medicaid** – Effective January 1, 2013, the Hospital is reimbursed under the State of Kansas KanCare program utilizing the Medicaid fee schedule plus a cost adjustment factor.

Approximately 54% and 53% of net patient service revenue is from participation in the Medicare program for the years ended June 30, 2019 and 2018, respectively. Laws and regulations governing the Medicare program are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The Hospital has also entered into payment agreements with certain commercial insurance carriers and other third-party payer programs. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges and cost reimbursement.

3. CASH AND ASSETS WHOSE USE IS LIMITED

Cash and assets whose use is limited consisted of the following:

	June 30,	
	2019	2018
Unrestricted:		
Cash on hand	\$ 600	\$ 600
Demand deposit accounts	3,046,729	3,344,159
Money market accounts	476,520	1,465,104
Savings accounts	355,784	832,526
	<u>3,879,633</u>	<u>5,642,389</u>
Assets whose use is limited:		
Cash on hand	1,680	1,220
Money market accounts	23,373	18,797
	<u>25,053</u>	<u>20,017</u>
	<u>\$ 3,904,686</u>	<u>\$ 5,662,406</u>

Assets whose use is limited are restricted for the following purposes:

	June 30,	
	2019	2018
Emergency medical services	\$ 7,134	\$ 4,074
Indigent care	17,919	7,881
Mammography expenses	—	8,062
	<u>\$ 25,053</u>	<u>\$ 20,017</u>

Assets released from restrictions were as follows:

	Year ended June 30,	
	2019	2018
Emergency medical services	\$ 3,387	\$ 5,531
Indigent care	5,540	7,345
Mammography expenses	8,062	—
	<u>\$ 16,989</u>	<u>\$ 12,876</u>

Deposits

Custodial credit risk for deposits is the risk that in the event of bank failure, the Hospital's deposits may not be returned or the Hospital will not be able to recover collateral securities in the possession of an outside party. The Hospital's policy follows applicable State statutes and requires deposits to be 100% secured by collateral (pledged securities) valued at market, less the amount of the Federal Deposit Insurance Corporation (FDIC) insurance. State statutes define the allowable pledged securities.

At June 30, 2019, the carrying amount of the Hospital's cash and investments on deposit was \$3,902,406 with the bank balances of such accounts being \$4,021,983. Of the bank balances, \$270,447 was secured by federal depository insurance and \$3,751,536 was covered by collateral held by the Hospital's custodial banks in joint custody in the name of the Hospital and its banks. The fair value of the pledged securities held by the Hospital's custodial banks was \$5,498,539 at June 30, 2019.

The remaining carrying amount of the Hospital's cash and investments at June 30, 2019 consisted of cash on hand of \$2,280.

3. CASH AND ASSETS WHOSE USE IS LIMITED (continued)

Investment policies

Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligation. The Hospital's investing activities are managed under the custody of the Hospital Chief Executive Officer. Investing is performed in accordance with investment policies adopted by the Board of Directors and in compliance with State statutes.

Applicable state statutes authorize the Hospital to invest in (1) temporary notes or no-fund warrants issued by the Hospital; (2) savings deposits, time deposits, open accounts or certificates of deposit or time certificates with maturities of not more than two years, in commercial banks, savings and loan associations and savings banks; (3) repurchase agreements with commercial banks, savings and loan associations and savings banks; (4) United States treasury bills or notes with maturities as the governing body shall determine, but not exceeding two years; and (5) the municipal investment pool maintained by the State Treasurer's office.

4. CONCENTRATIONS OF CREDIT RISK

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of gross accounts receivable from patients and third-party payors was as follows:

	June 30,	
	2019	2018
Medicare	42%	32%
Medicaid	5	6
Blue Cross	15	15
Commercial	10	11
Self pay	28	36
	<u>100%</u>	<u>100%</u>

5. EMPLOYEE HEALTH CLAIMS

Effective October 1, 2014, a self-insured plan was instituted to provide the health, pharmacy and dental coverage of participating employees and dependents up to certain individual or family annual aggregate amounts, with commercial stop-loss insurance coverage purchased for claims in excess of the aggregate annual amount.

At each fiscal year end a provision is accrued for self-insured claims for both claims reported and claims incurred but not yet reported. The accrual is estimated based on consideration of prior claims experience, recently settled claims, frequency of claims and other economic and social factors.

Activity in the Hospital's self-insured employee health claims liability during fiscal 2019 and 2018 is summarized as follows:

	Year ended June 30,	
	2019	2018
Balance, beginning of year	\$ 234,560	\$ 210,740
Current year claims incurred and changes in estimates for claims incurred in prior years:		
Employer portion	1,374,215	1,204,373
Employee portion	354,399	324,128
Claims and expenses paid	<u>(1,829,714)</u>	<u>(1,504,681)</u>
Balance, end of year	<u>\$ 133,460</u>	<u>\$ 234,560</u>

6. EMPLOYEE RETIREMENT PLAN

Prior to January 1, 2017, the Hospital maintained a 401(k) Profit Sharing Plan for the benefit of eligible employees. Under that Plan the Hospital was required to contribute three percent of eligible employees compensation for each plan year. In addition, the Plan also authorized the Hospital to make a discretionary profit sharing contribution for an amount determined at the sole discretion of the Board of Directors on an annual basis.

Effective January 1, 2017, the Hospital established the Scott County Hospital Section 457(b) Plan under Code Section 457(b) of the Internal Revenue Code ("457 Plan"). Concurrent with the establishment of the 457 Plan, the Hospital restated the 401(k) Profit Sharing Plan under the name of the Scott County Hospital Retirement Plan ("Retirement Plan"). The restated Retirement Plan removed the 401(k) features of the plan.

The total combined Hospital cost under the plans were \$603,547 and \$608,012 for 2019 and 2018, respectively.

7. CAPITAL ASSETS

Capital asset additions, disposals, and balances for the years ended June 30, 2019 and 2018 were as follows:

	Balance At June 30, 2018	Additions	Disposals	Transfers	Balance At June 30, 2019
Capital assets not being depreciated:					
Land	\$ 195,000	\$ —	\$ —	\$ —	\$ 195,000
Construction in progress	<u>258,996</u>	<u>3,579,316</u>	<u>—</u>	<u>—</u>	<u>3,838,312</u>
Total capital assets not being depreciated	<u>453,996</u>	<u>3,579,316</u>	<u>—</u>	<u>—</u>	<u>4,033,312</u>
Capital assets being depreciated:					
Land improvements	336,475	—	—	—	336,475
Buildings	11,313,570	—	—	—	11,313,570
Fixed equipment	11,410,424	—	—	—	11,410,424
Movable equipment	<u>7,422,601</u>	<u>335,255</u>	<u>—</u>	<u>—</u>	<u>7,757,856</u>
Total capital assets being depreciated	<u>30,483,070</u>	<u>335,255</u>	<u>—</u>	<u>—</u>	<u>30,818,325</u>

7. CAPITAL ASSETS (continued)

	Balance At June 30, 2018	Additions	Disposals	Transfers	Balance At June 30, 2019
Less accumulated depreciation for:					
Land improvements	\$ 217,751	\$ 31,390	\$ —	\$ —	\$ 249,141
Buildings	3,523,760	487,164	—	—	4,010,924
Fixed equipment	4,604,714	729,380	—	—	5,334,094
Movable equipment	<u>6,046,786</u>	<u>399,594</u>	<u>—</u>	<u>—</u>	<u>6,446,380</u>
Total accumulated depreciation	<u>14,393,011</u>	<u>1,647,528</u>	<u>—</u>	<u>—</u>	<u>16,040,539</u>
Total capital assets being depreciated, net	<u>16,090,059</u>	<u>2,267,043</u>	<u>—</u>	<u>—</u>	<u>18,357,102</u>
Total capital assets, net	<u>\$ 16,544,055</u>	<u>\$ 2,267,043</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 18,811,098</u>
	Balance At June 30, 2017	Additions	Disposals	Transfers	Balance At June 30, 2018
Capital assets not being depreciated:					
Land	\$ 195,000	\$ —	\$ —	\$ —	\$ 195,000
Construction in progress	<u>—</u>	<u>258,996</u>	<u>—</u>	<u>—</u>	<u>258,996</u>
Total capital assets not being depreciated	<u>195,000</u>	<u>258,996</u>	<u>—</u>	<u>—</u>	<u>453,996</u>
Capital assets being depreciated:					
Land improvements	336,475	—	—	—	336,475
Buildings	11,313,570	—	—	—	11,313,570
Fixed equipment	11,402,492	7,932	—	—	11,410,424
Movable equipment	<u>7,239,982</u>	<u>238,470</u>	<u>55,851</u>	<u>—</u>	<u>7,422,601</u>
Total capital assets being depreciated	<u>30,292,519</u>	<u>246,402</u>	<u>55,851</u>	<u>—</u>	<u>30,483,070</u>
Less accumulated depreciation for:					
Land improvements	186,361	31,390	—	—	217,751
Buildings	3,036,594	487,166	—	—	3,523,760
Fixed equipment	3,875,462	729,252	—	—	4,604,714
Movable equipment	<u>5,623,131</u>	<u>479,506</u>	<u>55,851</u>	<u>—</u>	<u>6,046,786</u>
Total accumulated depreciation	<u>12,721,548</u>	<u>1,727,314</u>	<u>55,851</u>	<u>—</u>	<u>14,393,011</u>
Total capital assets being depreciated, net	<u>17,570,971</u>	<u>(1,480,912)</u>	<u>—</u>	<u>—</u>	<u>16,090,059</u>
Total capital assets, net	<u>\$ 17,765,971</u>	<u>\$ (1,221,916)</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 16,544,055</u>

8. OTHER POST EMPLOYMENT BENEFITS

As provided by K.S.A. 12-5040, the Hospital is required to allow qualifying retirees to participate in the group health insurance plan. While each retiree is required to pay the full amount of the applicable premium, conceptually, the Hospital is subsidizing the retirees because each participant is charged a level premium regardless of age. However, the cost of the subsidy, if any, has not been quantified in these financial statements and management believes any impact on the financial statements is not significant.

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), the Hospital makes health care benefits available to eligible former employees and their eligible dependents. Certain requirements are outlined by the federal government for this coverage. The premium is paid entirely by the insured and there is no cost to the Hospital under this plan.

ADDITIONAL INFORMATION

SCOTT COUNTY HOSPITAL, INC.
Patient Service Revenue

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	Year Ended June 30, 2019					Year Ended June 30, 2018				
	Inpatient	Swing Bed	Outpatient	Total	% of Patient Service Revenue	Inpatient	Swing Bed	Outpatient	Total	% of Patient Service Revenue
Routine service	\$ 1,101,456	\$ 1,683,393	\$ 467,272	\$ 3,252,121	11.24%	\$ 1,096,337	\$ 1,176,433	\$ 655,917	\$ 2,928,687	10.81%
Nursery	67,289	—	—	67,289	0.23%	85,224	—	—	85,224	0.32%
Operating room	95,014	9,715	835,407	940,136	3.25%	98,155	2,519	818,634	919,308	3.40%
Delivery room	72,777	—	—	72,777	0.25%	82,966	—	—	82,966	0.31%
Anesthesiology	91,633	21,850	654,662	768,145	2.65%	157,769	24,595	715,003	897,367	3.32%
Radiology	42,987	24,454	809,311	876,752	3.03%	35,371	21,115	645,629	702,115	2.60%
MRI	28,305	5,714	612,309	646,328	2.23%	26,296	8,009	620,626	654,931	2.42%
CT scan	172,461	41,926	1,755,751	1,970,138	6.80%	158,062	50,975	1,606,045	1,815,082	6.71%
Nuclear medicine	—	1,234	215,096	216,330	0.75%	—	1,175	211,932	213,107	0.79%
Ultrasound	89,562	29,066	814,486	933,114	3.22%	61,007	19,843	654,203	735,053	2.72%
Sleep study	—	—	492,084	492,084	1.70%	—	—	376,463	376,463	1.39%
Laboratory	388,856	222,717	3,665,974	4,277,547	14.77%	407,743	176,590	3,606,056	4,190,389	15.50%
Respiratory therapy	218,535	515,321	272,190	1,006,046	3.47%	340,653	446,715	196,314	983,682	3.64%
Physical therapy	34,637	312,284	1,134,156	1,481,077	5.11%	81,409	310,899	1,334,143	1,726,451	6.39%
Occupational therapy	84,308	411,826	292,508	788,642	2.72%	70,962	230,826	313,680	615,468	2.28%
Electrocardiology	13,946	6,544	304,497	324,987	1.12%	19,056	4,480	256,611	280,147	1.04%
Medical supplies	209,876	316,733	157,545	684,154	2.36%	54,738	27,729	186,741	269,208	1.00%
Pharmacy	509,746	838,156	1,980,564	3,328,466	11.49%	532,097	600,815	2,146,405	3,279,317	12.13%
Treatment room	6,974	4,425	979,500	990,899	3.42%	11,090	6,147	1,320,507	1,337,744	4.95%
Emergency room	67,358	388	1,706,282	1,774,028	6.13%	46,248	—	1,027,424	1,073,672	3.97%
Clinic	1,871	—	3,184,075	3,185,946	11.00%	481	534	3,102,954	3,103,969	11.48%
Cardiac rehabilitation	—	—	268,834	268,834	0.93%	267	—	288,470	288,737	1.07%
Durable medical equipment	—	—	363,701	363,701	1.26%	—	—	242,834	242,834	0.90%
Ambulance	19,363	4,318	228,758	252,439	0.87%	17,199	1,509	214,405	233,113	0.86%
Total ancillary services	\$ 3,316,954	\$ 4,450,064	\$ 21,194,962	28,961,980	100.00%	\$ 3,383,130	\$ 3,110,908	\$ 20,540,996	27,035,034	100.00%
Contractual adjustments				(8,108,509)	(28.00%)				(7,221,806)	(26.71%)
Charity care				(13,700)	(0.05%)				(51,106)	(0.19%)
Bad debts				(1,012,551)	(3.50%)				(892,923)	(3.30%)
Net patient service revenue				\$ 19,827,220	68.46%				\$ 18,869,199	69.80%

SCOTT COUNTY HOSPITAL, INC.
Operating Expenses By Functional Division

	Year Ended June 30, 2019						Year Ended June 30, 2018					
	Salaries	Employee Benefits	Supplies and Other	Depreciation	Total	% of Total Operating Expenses	Salaries	Employee Benefits	Supplies and Other	Depreciation	Total	% of Total Operating Expenses
Routine services:												
Acute and swing bed	\$ 1,705,804	\$ 358,178	\$ 296,812	\$ 74,287	\$ 2,435,081	11.43%	\$ 1,559,717	\$ 372,367	\$ 298,560	\$ 77,893	\$ 2,308,537	10.79%
Nursery	2,558	2,112	5,825	272	10,767	0.05%	5,727	3,851	4,384	272	14,234	0.07%
Total routine services	1,708,362	360,290	302,637	74,559	2,445,848	11.48%	1,565,444	376,218	302,944	78,165	2,322,771	10.86%
Ancillary services:												
Operating room	312,882	110,807	108,809	64,100	596,598	2.80%	279,660	98,403	129,052	71,276	578,391	2.71%
Delivery room	7,839	(3,425)	24,650	6,303	35,367	0.17%	20,892	(2,631)	29,881	6,303	54,445	0.25%
Anesthesia	461,020	117,655	44,493	25,145	648,313	3.04%	454,594	102,714	53,388	22,989	633,685	2.97%
Radiology	266,059	58,788	91,156	31,022	447,025	2.10%	255,794	54,425	47,179	9,182	366,580	1.72%
MRI	35,091	7,776	110,744	84,670	238,281	1.12%	29,407	6,845	102,185	84,670	223,107	1.04%
CT scan	100,770	18,534	31,890	-	151,194	0.71%	80,213	12,085	55,124	-	147,422	0.69%
Sleep study	141,065	32,534	43,699	7,783	225,081	1.06%	129,245	22,281	43,168	12,499	207,193	0.97%
Nuclear medicine	20,398	3,053	104,558	-	128,009	0.60%	19,061	2,983	106,490	-	128,534	0.60%
Ultrasound	72,471	18,294	22,917	358	114,040	0.54%	69,588	18,678	22,239	13,600	124,105	0.58%
Laboratory	405,232	142,804	500,433	37,863	1,086,332	5.10%	406,660	129,909	505,278	39,246	1,081,093	5.06%
Blood administration	-	-	37,031	-	37,031	0.17%	-	-	44,598	-	44,598	0.21%
Respiratory therapy	260,145	63,243	114,456	4,737	442,581	2.08%	243,618	56,241	26,303	4,737	330,899	1.55%
Physical therapy	276,744	97,835	118,305	2,173	495,057	2.32%	460,063	135,676	20,819	2,092	618,650	2.90%
Occupational therapy	221,975	45,844	9,274	-	277,093	1.30%	173,868	44,063	4,038	-	221,969	1.04%
Electrocardiology	3,165	1,042	2,744	3,032	9,983	0.05%	5,005	1,190	-	1,790	7,985	0.04%
Medical supplies	103,841	30,692	24,344	1,307	160,184	0.75%	101,253	33,856	40,417	1,307	176,833	0.83%
Pharmacy	122,443	17,859	668,577	3,475	812,354	3.81%	103,436	15,963	890,231	3,336	1,012,966	4.74%
Treatment room	304,656	94,439	63,198	527	462,820	2.17%	377,384	110,918	240,760	527	729,589	3.42%
Emergency room	322,417	96,061	35,047	8,527	462,052	2.17%	379,224	91,769	43,362	7,671	522,026	2.44%
Clinic	3,498,938	877,032	297,980	4,015	4,677,965	21.96%	3,306,708	830,866	240,026	4,015	4,381,615	20.51%
Cardiac rehabilitation	92,112	12,985	5,698	1,937	112,732	0.53%	84,656	11,674	5,618	7,333	109,281	0.51%
Durable medical equipment	77,233	18,221	146,091	199	241,744	1.13%	81,020	13,492	125,104	288	219,904	1.03%
Ambulance	141,860	88,707	33,037	135	263,739	1.24%	137,018	68,964	40,546	138	246,666	1.15%
Total ancillary services	7,248,356	1,950,780	2,639,131	287,308	12,125,575	56.92%	7,198,367	1,860,364	2,815,806	292,999	12,167,536	56.96%
General services:												
Nursing administration	144,857	36,398	1,568	-	182,823	0.86%	188,697	54,333	1,756	-	244,786	1.15%
Operation of plant	141,704	46,121	593,308	606	781,739	3.67%	123,500	40,251	689,962	1,956	855,669	4.01%
Laundry	49,059	17,446	12,062	1,975	80,542	0.38%	58,705	26,001	10,662	1,975	97,343	0.46%
Housekeeping	189,576	62,844	38,651	-	291,071	1.37%	174,532	58,044	41,244	-	273,820	1.28%
Nutritional services	235,987	94,930	250,326	1,072	582,315	2.73%	226,618	83,337	230,721	1,072	541,748	2.54%
Health information	450,138	161,935	225,559	8,839	846,471	3.97%	477,718	160,369	275,651	76,060	989,798	4.63%
Administration and general	1,232,881	394,474	727,803	25,071	2,380,229	11.17%	1,157,125	356,465	678,419	27,119	2,219,128	10.39%
Employee benefits	127,511	105,418	106,490	163	339,582	1.59%	183,247	132,553	84,699	163	400,662	1.88%
Depreciation-fixed equipment/buildings	-	-	-	1,247,935	1,247,935	5.86%	-	-	-	1,247,805	1,247,805	5.84%
Total general services	2,571,713	919,566	1,955,767	1,285,661	6,732,707	31.60%	2,590,142	911,353	2,013,114	1,356,150	6,870,759	32.18%
Total expenses	\$11,528,431	\$ 3,230,636	\$ 4,897,535	\$ 1,647,528	\$21,304,130	100.00%	\$11,353,953	\$ 3,147,935	\$ 5,131,864	\$ 1,727,314	\$21,361,066	100.00%